

## Tufts Medicare Preferred HMO Skilled Nursing Facility Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)<sup>1</sup>
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

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The following payment policy applies to Tufts Health Plan contracting skilled nursing facilities. For information on Tufts Health Plan Senior Care Options, click [here](#). For information on Commercial, click [here](#).

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

**Note:** Audit and disclaimer information is located at the end of this document.

### **POLICY**

Tufts Health Plan covers medically necessary skilled nursing facility (SNF) services, in accordance with the member's benefits.

### **Custodial Care**

Tufts Health Plan does not provide coverage for custodial care unless it is provided in conjunction with skilled nursing care and/or skilled rehabilitation services.

### **GENERAL BENEFIT INFORMATION**

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Senior Products Provider Relations](#).

### **AUTHORIZATION/NOTIFICATION REQUIREMENTS**

As a condition of payment, Tufts Health Plan requires inpatient notification for any member who is being admitted to a SNF, regardless of whether Tufts Health Plan is the primary or secondary insurer.

Inpatient notification must be obtained via electronic submission on the secure Provider [website](#) or by faxing a completed [Inpatient Notification Form](#), along with the supporting clinical documentation, to the Precertification Operations Department.

**Note:** No other forms will be accepted. Incomplete forms will be returned to the submitting provider for completion and resubmission. Processing the request will be delayed until all required information is returned to Tufts Health Plan.

The facility must notify Tufts Health Plan prior to an elective admission to obtain an inpatient notification number, following the submission processes outlined in the [Senior Products Provider Manual](#). Urgent/emergency admissions must be reported by 5 p.m. on the next business day following admission.

Tufts Health Plan determines the appropriateness for admission and the level of care (LOC) with the facility based on the clinical information presented at the time of admission and appropriate criteria. Tufts Health Plan performs ongoing review of the member's clinical information in order to determine the member's continued status and LOC. Any disagreements with the member's LOC should be discussed directly with the Tufts Health Plan CM. Refer to the Tufts Medicare Preferred HMO [Care Management List](#) to identify the correct CM.

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<sup>1</sup> Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

**Note:** Each time there is a change in the member’s LOC, a new inpatient notification number will be assigned as if it were a new admission. Therefore, each LOC will have a distinct inpatient notification number.

Refer to the [SNF Level of Care Guidelines](#) for clarification and descriptions of each LOC.

**Note:** A referral is not required for members for behavioral health services rendered in place of service 31 (SNF inpatient) or 32 (SNF outpatient). This applies to both skilled and custodial admissions.

**Services Excluded From the Per Diem**

Services excluded from the per diem must be authorized as medically necessary by Tufts Health Plan and be obtained from a contracting provider. Any nonemergency service that is not authorized or provided by a Tufts Health Plan provider will be the responsibility of the ordering facility. Coverage requests for services that are not approved are subject to the organization determination process described at 42 CFR422.566 et seq.

**Custodial Care**

The facility must notify Tufts Health Plan of all custodial admissions. Providers may contact Senior Products Provider Relations at 800.279.9022 to request documentation of noncoverage custodial care in order to facilitate billing to other potential sources of payment.

**BILLING INSTRUCTIONS**

Tufts Health Plan follows AMA CPT/HCPCS coding guidelines. Refer to current industry standard coding guidelines for a complete list of procedure codes, modifiers and their usage. Refer to the [Professional Services and Facilities Payment Policy](#) for more information.

- Any services excluded from the per diem should be billed to Tufts Health Plan directly by the contracting provider
- Submit separate claims for each inpatient notification number or distinct LOC.
- **Same-day transfers:** include condition code 40 on the claim if the member is transferred to another facility before midnight on the same day as the initial admission, in accordance with [CMS](#) requirements.

The following LOC/service descriptions must be billed with the corresponding revenue code(s). The LOC billed must match the LOC and length of stay that was authorized.

Level of Care	Service Description	Revenue Code
Level 1A	Skilled evaluation	0190
Level 1/1B	Skilled nursing and/or skilled rehabilitation	0191
Level 2	Subacute nursing and/or subacute rehabilitation	0192
Level 3	Subacute nursing and/or subacute rehabilitation – ventilation program	0193

**Outpatient Therapy Services Covered Under Part B**

Skilled therapy services are covered for members in custodial care under the member’s Medicare Part B benefit. Physical (PT), occupational (OT) and speech therapy (ST) services may be billed by the facility only with the following procedure codes, as described in the provider agreement, and only when prior authorization has been given by Tufts Health Plan.

Procedure Code	Description
92507	ST treatment
92521	Evaluation of speech fluency
92522	Evaluation of speech sound production
92523	Evaluation of speech sound production with evaluation of language comprehension and expression
92524	Behavioral and qualitative analysis of voice and resonance
92610	Evaluation of oral and pharyngeal swallowing function
97161	Physical therapy evaluation: low complexity

Procedure Code	Description
97162	Physical therapy evaluation: moderate complexity
97163	Physical therapy evaluation: high complexity
97165	Occupational therapy evaluation, low complexity
97166	Occupational therapy evaluation, moderate complexity
97167	Occupational therapy evaluation, high complexity
G0151	PT Treatment, 15 minutes
G0152	OT Treatment, 15 minutes

### COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated in accordance with the financial exhibits of their provider agreements. The SNF will be compensated the contracted per diem rate for the authorized LOC(s), starting on the day of admission and ending on the evening before the day of discharge.

### DOCUMENT HISTORY

- November 2020: Added condition code 40 billing requirement for members being transferred to another facility, in accordance with CMS requirements
- March 2019: Policy reviewed by committee; clarified inpatient notification time frames and requirements for admissions
- October 2018: Template updates
- July 2017: Policy reviewed by committee; added Tufts Medicare Preferred HMO and Tufts Health Plan SCO product information to combine policies
- January 2017: Template updates
- September 2015: Template conversion, template updates
- July 2015: Added allergy testing/screening policies effective for dates of service on or after October 1, 2015, template updates
- June 2015: Template updates
- June 2014: Policy reviewed, formatting changes, template updates
- September 2013: Template conversion
- January 2013: Template updates
- September 2012: Removed CPT procedure codes 95004, 95024 from note on page 3, as CMS no longer considers these codes as "incident to services"
- June 2012: Added the procedure codes covered only under direct provider supervision, which were previously documented in the Noncovered Services Medical Necessity Guidelines
- April 2012: Template updates
- March 2012: Updated CareLink disclaimer language
- October 2011: Reviewed policy. Template updates, added information on paper and electronic Summary of Accounts, effective January 1, 2012
- December 2009: Reviewed without changes
- April 2009: Removed the following edit: Allergy testing CPT procedure codes 95004-95024 will not be reimbursed when billed with CPT procedure code 95027. This is no longer effective.
- February 2008: Revised general benefit information with self-service channels information

### AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink<sup>SM</sup> for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.